



A systematic review of women's experiences of planning a homebirth in consultation with maternity care providers

Mackin (now Gillen), P., Healy, M., & Bamidele, O. (2020). *A systematic review of women's experiences of planning a homebirth in consultation with maternity care providers*. Poster session presented at 15th International Normal Labour and Birth REsearch (Virtual) Conference.

[Link to publication record in Ulster University Research Portal](#)

Publication Status:

Published (in print/issue): 02/12/2020

Document Version

Author Accepted version

General rights

Copyright for the publications made accessible via Ulster University's Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk.

A systematic review of women's experiences of planning a homebirth in consultation with maternity care providers

Background

A woman's chosen place of birth impacts not only the type of birth, but also the number of unnecessary interventions that the mother and baby are exposed to during labour and birth. Lower rates of unnecessary interventions are experienced by women who give birth at home. These include oxytocin augmentation, episiotomy, epidural analgesia, instrumental vaginal birth and caesarean section. They are also less likely to experience 3rd or 4th degree perineal tear, maternal infection or postpartum haemorrhage. However, little is known regarding women's actual experiences of engaging with maternity care providers to plan for a home birth.

Aim: To synthesise findings from previous studies, which have reported on women's experiences of planning a home birth in consultation with maternity care providers.

Methods: Nine bibliographic databases were systematically searched using the search terms: Home birth, childbirth, planned home birth, pregnant women and home birth, experience and homebirth. Studies published in English Language between January 2015 and May 2020 were included. Conference abstracts lacking sufficient data were excluded. Relevant papers from back chaining references of papers evidenced within the RQIA Planning birth at home guideline and professional networks were included. We managed search results and deduplication with Endnote, Refworks and Covidence. Screening, quality appraisal and data extraction were done independently by two authors and conflicts were resolved by discussion and agreement. Data analysis is ongoing using thematic synthesis (Thomas and Harden 2008). The review is registered on the International Prospective Register of Systematic Reviews (PROSPERO: Registration ID: CRD 42018095042 – updated 28th September 2020).

Findings

Search results yielded 586 papers. Following deduplication, title/abstract and full-text screening, 16 eligible studies were included in the review. The studies were qualitative and involved a total of 275 women aged 18 - 40 years old. The studies were conducted across nine countries: Australia, Brazil, USA, UK, Switzerland, Canada, Netherlands, Spain and Norway. Findings showed that preference for a natural birth served as a catalyst for women to be resilient in problem-solving, information-seeking and taking positive actions to actualise a planned home birth in consultation with their midwives. Their midwives' competence, support and prioritisation of safety and woman-centred care also enhanced women's confidence and positive experience of planning a home birth.

Conclusions/Implications

This review gives a more in-depth understanding of women's information and support needs. In particular, the influence care providers can have on women's plan to have a home birth has implications for service providers.